

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10723043

FILING DATE

APPLICANT(S)

| CLAIMS | | | | | | |
|----------------------------|----------|-----|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| CLAIMS | | | | | | |
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